



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Maui Family YMCA Application for Employment

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, ancestry, marital status, credit history, genetic history, or any other basis protected by state, federal, or local law. It is the intent of the YMCA to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment. Notice to Applicants and Employees: The Maui Family YMCA maintains a "zero tolerance" for abuse. This employment application is valid for a three-month period after submission to the Maui Family YMCA. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary, to fully answer any question.

PLEASE PRINT ALL INFORMATION

DESIRED EMPLOYMENT

Position(s) Applying for: _____

When are you available? (check all that apply)

Mornings

Days

Evenings

Weekends

Date you can start: _____

PERSONAL INFORMATION

Name	Cell Phone #	Home Phone #
Have you ever used any other names? If so, please list here.		
Email Address		
Address: Street Number and Name, City, State, Zip Code		# of Years at Present Address
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="radio"/> YES <input type="radio"/> NO		
If you are 16 or 17 years old, can you provide your Certificate of Age Number?		
<input type="radio"/> YES <input type="radio"/> NO Certificate I.D. # _____		

EMPLOYMENT DATA

Please account for last ten years of employment by answering all questions for each employer.
PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			
Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			
Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			

EDUCATION AND TRAINING

School Name & Location	Did you graduate? (YES / NO)	Degree Earned	Major Subjects/ Total Hours
Elementary			
High School			
College			
Other			
Highest Degree Earned (circle one number only) 1. High School 2. Associate 3. Bachelor 4. Masters 5. Doctorate			
Additional Education, vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.			
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.			
Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office - Word, Excel, Outlook, etc.	Other machines requiring special skills:	

REFERENCE DATA

Name	Phone Number	Relationship to You	Years Known
Family Member			
Former Supervisor			
Professional/Personal			
Professional/Personal			

ADDITIONAL INFORMATION

Do you hold current CPR certification?

YES

NO

Do you hold current first aid certification?

YES

NO

Do you hold current lifeguard certification?

YES

NO

Pre-Employment Certification

I understand that this application is only valid for the position applied for at the present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial _____

I understand upon contingent offer of employment, the Maui Family YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check.

Initial _____

I am not a child molester, abuser, or pedophile; and have not been convicted of being a molester or abuser.

Initial _____

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial _____

If employed by the YMCA, I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work. I further recognize that because the nature of the YMCA and its focus is youth, I am expected to be an appropriate role model, both on and off the job.

Initial _____

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my continued employment. I understand and expressly agree that, if employed by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial _____

If I am employed by the YMCA, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself without liability.

Initial _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA.

Applicant Signature

Date of Application

If applicant is under Eighteen (18) years of age, signature of Parent or Guardian is required.

Parent/Guardian Signature

Date of Application

Supplement to Application
(Complete if applying to work with Children)

Name: _____

Date: _____

Why do you want to work and care for children?

With what age group do you prefer to work with? Why?

How would you describe yourself?

What other business or personal experiences or trainings have you had that may have prepared you for this position?

Describe non-employment activities you have been engaged in that might strengthen your application?

List any sports or hobbies in which you have participated (past and/or present).

List other cities, states and countries where you have lived/worked:

City	State	Country	# of Years

The YMCA's Position on the Nationwide Problem of Child Abuse

We make an active effort to prevent child abuse!

Some examples may include, but are not limited to:

- **A thorough background check, including but not limited to criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character and extra-curricular activities.**
- **The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.**
- **Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.**
- **Programs are structured so that no staff member/volunteer is left alone with children.**
- **Periodic interviews/evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.**
- **Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.**

The YMCA's goals for child care programs are:

- **To support and strengthen the family unit.**
- **To help children develop to their fullest potential.**
- **To deliver the program in a positive YMCA environment of safety, support, and care.**